COUNTY BOROUGH OF ST. HELENS.



Annual Report

OF THE

School Medical Officer

FOR

1941

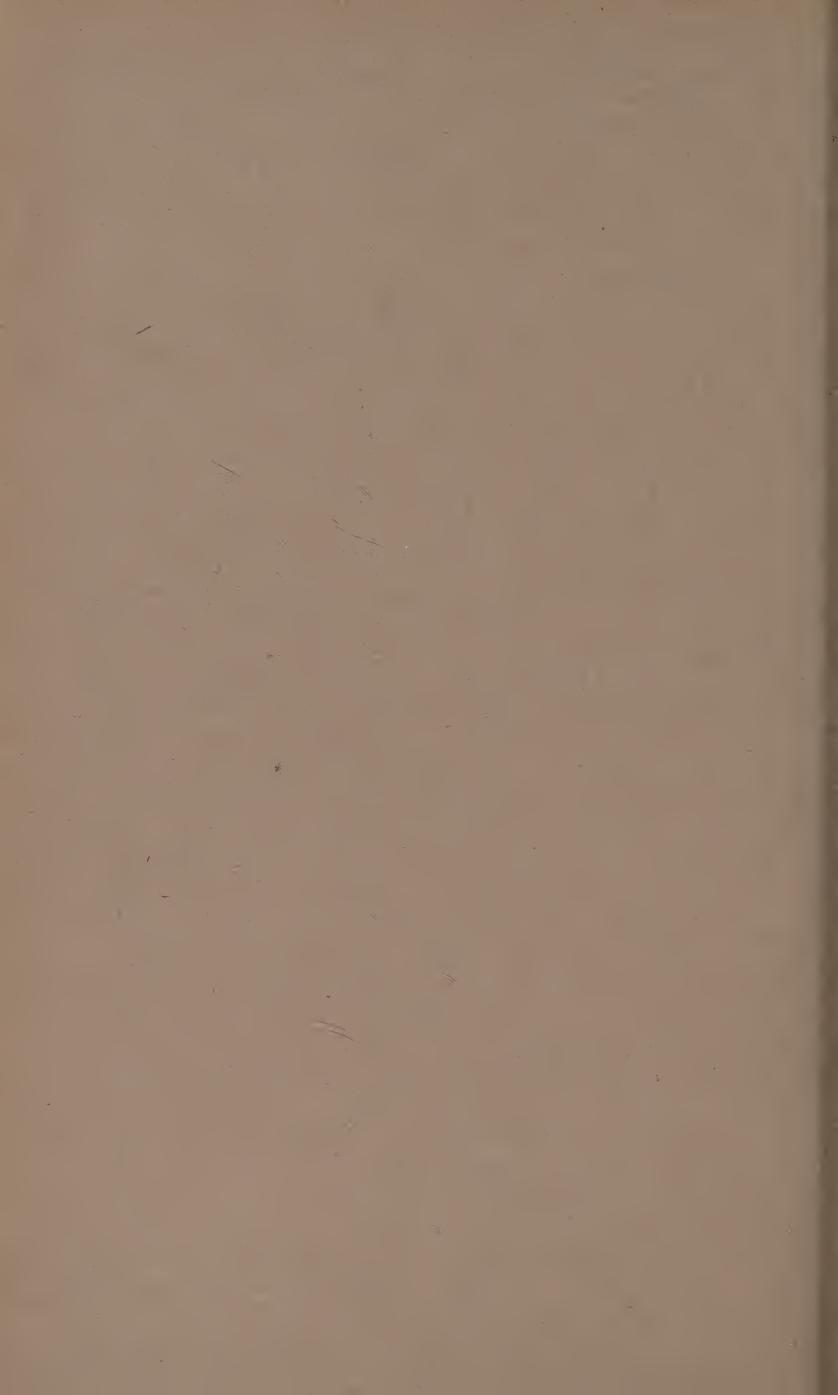
FRANK HAUXWELL, M.B., Ch.B., D.P.H,

Medical Officer of Health

and School Medical Officer.

St. Helens:

Wood, Westworth & Co., Limited, Printers and Stationers,
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TO THE CHAIRMAN AND MEMBERS OF THE ST. HELENS EDUCATION COMMITTEE.

Ladies and Gentlemen,

I submit herewith my Annual Report as School Medical Officer for the year 1941.

It is satisfactory to be able to report that with the ending of the second complete year of war the findings in relation to the physical well being of the school children reveal no cause for anxiety. The year brought increased work in the form of nutritional and verminous surveys of the school population, but as will be noted from the special reports dealing with these surveys (printed in the Appendix), the results showed no serious defects. One benefit resulting from these surveys has been the possibility for a more concentrated surveillance of schools or districts of the town where action appears to be most needed.

The general health of the children was good. The incidence of infection was very low, especially in the major epidemic diseases. The re-opening of the Open Air School at Easter was very welcome and the school has resumed its former invaluable place in the existing treatment services for delicate children.

In general, treatment facilities were maintained at pre-war standard, no curtailment being made in any of the services. One new problem, however, has arisen with the entry of so many mothers into industry. Despite the efforts of the health visitors on the districts, contact with the parents of a child who requires treatment is often difficult owing to "shift" periods. This frequently leads to delay in obtaining treatment, and whilst the conscientious parents, in most cases, find a way out of this difficulty and make an effort by some means to contact the school medical treatment centres, there still remains a residual hard core of careless parents and guardians who are only too willing to ascribe their negligence as being unavoidably due to the distracting demands of the national emergency. It is a problem which must be faced during war conditions and to which constant attention is being devoted by the Department.

For much of the work done I am indebted to Dr. O'Brien, Deputy School Medical Officer, and to him and to other members of the staff, and to teachers and officials of the Education Department, I would take this opportunity of expressing my appreciation of their ever willing and helpful assistance.

I am,

Ladies and Gentlemen,
Your obedient Servant,
FRANK HAUXWELL.

STATISTICAL REVIEW OF WORK OF THE SCHOOL MEDICAL SERVICE DURING THE YEARS 1940 AND 1941.

		1940	1941
Children in Average Attendance at Elementa	ıry		
School		14,383	14,615
Total Examinations of Elementary School		,	,
Children	••••	17,781	21,154
Total Examinations of Secondary School			
Children	•••••	1,301	1,186
Miscellaneous Examinations (Bursars, etc.)		176	205
Minor Ailments treated	•••••	2,550	3,145
Visual Defects treated		509	489
Ear, Throat and Nose Defects treated		511	606
Children inspected by School Dentists		17,400	17,506
Children treated by School Dentists	••••	4,832	5,064
Total Attendances at all School Clinics		43,626	48,359
Examinations by Nurses for Cleanliness		42,348	54,170
Visits to Schools by Medical Officers		381	466
Visits to Schools by Nurses		4,124	4,469
Home Visits by Nurses	*****	7,220	6,169
Total Attendances at Inspection Clinic	*****	3,220	3,966
,		,	,

STAFF.

School Medical Officer and Medical Officer of Health:— Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.).

Deputy School Medical Officer and Deputy Medical Officer of Health:—
Gerald O'Brien, M.B., Ch.B., D.P.H. (St. Andrew's).

Assistant School Medical Officers and Assistant Medical Officers of

Enid M. Hughes, M.B., Ch.B. (Liverp.).

Justin F. Martin, M.B., B.Ch., D.P.H. (on Service with H.M. Forces).

Maureen J. Gould, M.B., B.Ch., B.A.O. (Belfast).

Edna Lindsay Birchwood, M.B., Ch.B., D.P.H. (Liverp.). (Temporary). (From May, 1941).

Edward J. O'Reilly, M.B., Ch.B., B.A.O. (N.U.I.). (Temporary). (From November, 1941).

Dental Surgeons:—

Vincent Higham, L.D.S.

Arthur N. Leicester, B.D.S. (on Service with H.M. Forces). Jean M. Simpkin, L.D.S.

Mary G. Cowper, L.D.S. (Temporary).

Health Visitors and School Nurses:—

*Superintendent: M. I. J. Abraham, (2), (3), (4), (6).

Ethel Denman	(1), (5), (6)	Louisa Peace (3), (6)
Mary Riding	(3), (6)	Caroline Good (3), (6)
Emily Corrish	(3), (6)	Florence Middlehurst (2), (3), (6)
Nora Hogan	(3), (6)	Sophia M. McConnell (3), (6)
Mary Corrish	(3), (4), (6)	Elsie Cornish (2), (3), (6)
Alice Happold	(3), (5), (6)	Margaret A. Brown (2), (3), (4), (6)
Edith Curran	(3), (6)	Hilda Yorke (2), (3), (4), (6)

Pupil Health Visitors:—

(3), (5), (6)Agnes Forshaw Alice Painter (3), (6)Kathleen Eustace Maggie Parkington (3), (6)(3), (6)

Orthopaedic Nurse:

(7) E. M. Riordan

School Clinic and Dental Nurses and Attendants:—

Florence Faber (3), (6)K. G. Hanley (3), (4)Florence Wilkinson (3) Elizabeth Howarth (3) Edna Mather Phyllis M. Mather Mary E. Lenton (3), (4), (6)

- Sanitary Inspector's Certificate of the Royal Sanitary Institute.
 New Health Visitor's Certificate of the Royal Sanitary Institute.
 General Trained Nurse.
 Fever Trained Nurse.
 Children's Trained Nurse.
 State Certified Midwife.
 Certificate of the Chartered Society of Massage and Medical Gymnastics.

 * Resigned during the year.

The following are part-time officers:—

E. Allan, M.B., Ch.B. (Edin.), Ophthalmic Surgeon.

J. E. G. McGibbon, M.B., B.S. (Lond.), D.L.O. (Eng.), (on service with H.M. Forces), Ear, Throat and Nose Surgeon).

W. E. Hunter, M.R.C.S. (Eng.), L.R.C.P. (Lond.), (Temporary).

T. P. McMurray, M.B., M.Ch., B.A.O., (R.U.I.), F.R.C.S. (Edin.), Consulting Orthopaedic Surgeon.

B. L. McFarland, M.D. (Liverp.), M.Ch. (Orth.), M.B., Ch.B., F.R.C.S. (Ed.), Orthopaedic Surgeon.

J. Unsworth, M.B., B.S. (Lond.)., Physician to the X-Ray Department. (Died December, 1941). Muriel W. Ferrie, M.S.S.T., Speech Therapist.

MEDICAL INSPECTION.

Elementary Schools.

During the year 1941 there were under the control of the Education Committee 40 Elementary Schools with 79 departments. Particulars as to accommodation and attendances are as follows:—

Number of children for whom accommodation available	• • •	• • •	25,116
Average number of children on the roll during the year	• • •		16,660
Average number of children in attendance during the year	• • •		14,615
Percentage attendance for the year			87.7%

During 1941 the scheme of school medical inspection followed normal pre-war lines and was further expanded to include a nutritional survey of all children in the schools. This was rendered possible by the appointment of an additional Assistant Medical Officer, the appointment, at the request of and duly approved by the Board of Education, being made in April, 1941.

In response to Board of Education Circular No. 2306 a special verminous survey was carried out in all the schools during the year. Details of this survey are given in the Appendix to this Report. Vigorous measures of inspection were also enforced in the detection of cases of scabies amongst school children. The number of these cases increased greatly during the year and a review of the findings and measures taken for dealing with the problem are noted under the section on "Findings of Medical Inspection."

The following statement shows the number of inspections

carried out by Medical Officers during the past five years:

carried out by with	arcar Or	TICCIC	dalling	5 the pa	SC IIVC y	cars.	
·			1937	1938	1939	1940	1941
Routine examinations	• • •	• • •	573 8	5989	3222	5122	5874
Special examinations	•••	•••	6142	5856	5586	5175	5 500
Re-examinations	• • •	•••	10138	10724	6389	7484	9780
Attendances at							
Inspection Clinic	• • •	•••	4523	4070	3901	3220	3966

The detailed figures of the number medically inspected during the year are given in Table I.

Secondary Schools.

The only Secondary Schools in St. Helens to which the provisions of the School Medical Service are applicable are the Cowley Boys' Secondary School and the Cowley Middle School for Girls.

The following statement shows the work done in the medical

inspection of these schools during the past 5 years:

1 -			1937	1938	1939	1940	1941
Routine examinations	• • •	•••	983	996	1049	892	746
Special examinations	• • •	•••	53	163	160	150	184
Re-examinations	• • •	• • •	120	274	365	259	256

The detailed figures of the number of children inspected are given in Table VIII.

FINDINGS OF MEDICAL INSPECTION.

Elementary Schools.

Detailed figures regarding the nutritional condition of children inspected in routine age groups are given in Table II, and as a contrast the figures for the year 1940 are also shown.

In addition to the above a complete Nutritional Survey of all school children was carried out during the year, and the results of that Survey are given in the form of a special Report printed in the Appendix. Details of the Local Authority's schemes for the provision of meals and milk are given in a later section of the report.

Of 5,874 children examined at the routine medical inspections during 1941, 543 (9.2%) were found to be suffering from defects (other than uncleanliness, defective clothing or footgear, and dental defects), which required treatment, and 1,517 (25.8%) from defects requiring to be kept under observation.

During the past five years the corresponding percentages have been:

	1937	1938	1939	1940	1941
Referred for treatment Referred for observation	16.6% 17.7%		12.0% 30.7%	14.5% 26.6%	9.2% 25.8%
Total	34.3%	35.7%	42.7%	41.1%	35.0%

The decrease in the number of children requiring treatment occurred mainly in the classes of defects, including enlarged cervical glands, associated with catarrhal nose and throat conditions, and also in the number of children referred for minor skin diseases.

The percentage of children found to be actually verminous or showing evidence of infestation to such an extent that official intimation was sent to the parents, was 3.13%. The corresponding figure for 1940 was 2.50%. In no instance was compulsory cleansing necessary.

During the year a special investigation was made into the incidence of infestation in both the school child and the pre-school child. A special report on that investigation is printed in the Appendix to this Report. From that report it will be seen that 15.8% of elementary school children in St. Helens showed evidence of verminous infestation and of these on 1.2% living lice were found. The difference between these figures and those given as the percentage found verminous at medical inspection is that in the latter have been included for many years only those cases where the infestation was considered to require an official notice. The presence of lesser degrees of infestation was dealt with by the nurse or teacher directly with the child or parent concerned.

The percentage of children found at routine inspections with defective clothing was 2.50% in 1941 as compared with 1.84% in 1940; whilst the percentage with defective footwear was 1.55% compared with 2.75% in the preceding year.

The number of cases of scabies discovered during medical inspection and at the Inspection Clinic was very large. The following figures, which give the number of cases discovered during the past five years, show the extent to which this disease has become increasingly prevalent.

	1937	1938	1939	1940	1941
No. of cases of					
scabies	30	37	59	147	515

Energetic measures of inspection were enforced and facilities for treatment were extended by the establishment of a cleansing centre at the Peasley Cross Isolation Hospital. All school cases were followed up and kept under the closest supervision until treatment was completed. The majority received treatment at the cleansing centre. By the end of the year success was being achieved by these methods.

Re-examinations: The following table gives the number of re-examinations carried out by medical officers during the year, and the results found at these re-examinations.

Number of children re-exar	nined	• • •	• • •	• • •	• • •	5,723
Total re-examinations	• • •	•••	• • •	• • •	• • •	9,780
Number found remedied	• • •	• • •	• • •	• • •	• • •	1,357 (13.87%)
Number found improved	• • •	• • •	• • •	• • •	• • •	6,189 (63.28%)
Number found stationary	• • •	• • •	•••	• • •	• • •	2,162 (22.11%)
Number found retrograde	• • •		• • •		• • •	72 (0.74%)

Secondary Schools.

At the Secondary Schools 746 children were examined at the routine inspections. Of these 47 (6.3 %) had defects (other than uncleanliness, defective clothing or footwear, or dental defects), requiring treatment, and 176 (23.59%) defects which required to be kept under observation. The corresponding percentages for 1940 were 5.72% and 35.65%.

In addition to the routine inspections 184 special cases were examined and 256 children previously found defective were reexamined.

MEDICAL TREATMENT.

Elementary Schools.

There was no curtailment of the range of treatment services during the year 1941, and despite changes in personnel, the Medical and Nursing staffs remained at pre-war strength.

Table IV gives in detail and Table VII in summary the treatment obtained for the various defects referred for treatment during 1941.

Secondary Schools.

The detailed figures regarding the defects treated are given in Table XI, and a summary of the treatment obtained is shown in Table XIV.

Of the 96 children referred for treatment for medical defects during the year, 82 (85.42%) were treated before the end of the year, and of 635 children referred for dental treatment 498 (78.43%) were treated. The corresponding figures for 1940 were 89.15% and 70,84%.

Provision of Treatment.

The total number of defects treated at the various clinics during the past five years is shown in the following statement.

		1937	1938	1939	1940	1941
Minor Ailments Visual Defects Defects of Throat and Nose Dental Defects Crippling Defects Speech Defects Other Defects		3,646 723 413 7,758 536 — 1,126	3,282 558 304 6,436 601 714	2,919 578 183 6,147 504 — 1,082	2,550 509 511 4,975 430 — 1,245	3,145 489 400 5,064 462 /9 810
Total number of defects treated	•••••	14,202	11,895	11,413	10,220	10,449
Total attendances	*****	62,124	61,066	53,439	43,626	49,362

Attendances at clinics for the purposes of treatment were affected in the early months of the year by the abnormal conditions of national life then obtaining. With the return to more settled conditions during the later months, the work of the clinics increased and over the whole year showed an increased volume of work as compared with 1940.

District clinics were naturally affected in the same way, but once again showed a total increase in the number of attendances and cases treated as compared with the previous year.

At district minor ailments clinics 1,360 children made 18,322 attendances during 1941, and at the district dental clinics 1,524 children made 1,946 attendances.

The following table shows the work carried out at or in connection with the Ophthalmic Clinic during the past five years.

	1937	1938	1939	1940	1941
Cases for refraction Cases glassed	723 581 142 901 — 29 40	558 472 86 723 6 17	578 405 173 602 1 3 10	509 205 304 499 8 13 5	489 417 72 701 — 13 11
Total attendances	1,549	1,304	1,190	1,249	1,156

The operations referred to above were straightening operations performed for squint by the Consultant Ophthalmic Surgeon in one of the local hospitals.

During 1941 the work done at the Ear, Nose and Throat Clinic maintained a highly successful level and weekly sessions were conducted by the acting Consultant Surgeon. Intercurrent treatments were carried out daily by the Ear, Nose and Throat nurse.

In all 606 cases made 2,234 attendances for examination and treatment during the year.

The following operative treatments were carried out during the year at one of the local hospitals by the Consultant Aural Surgeon.

Removal of Tonsils ar	nd/or A	Adenoi	ds -	256
Antral lavage			••••	29
Antrostomy	•••	••••	****	3
Submucous resection			••••	1
Laryngoscopy			••••	1
Cautery of septum	•••	••••	••••	1
				204
				291

The war-time expedient of regionalising the Speech Defect Clinic in three separate Centres was continued during the year. Weekly clinics were held in each Centre by the Speech Therapist, and I am indebted to Miss M. W. Ferrie for the following report on the work carried out:—

"In comparison with 1940, freedom from air raid 'alerts' greatly facilitated the smooth working of the Speech Clinic during the year. Work is still hampered by the lack of space in district centres and this, too, affects the number of stammerers that it is possible to have in one group. A larger number of young children have been referred for treatment, all with serious disorders of speech. This is most desirable, as the earlier the problem is tackled the less established will be the bad speech habit and the less retarded educationally will be the child. It must be remembered that normal speech is essential to normal educational progress.

"All the schools of the children attending the Speech Clinic, as well as most of the homes, were visited during the year. Some of the mothers are working and this naturally makes it more difficult to obtain their co-operation.

"A summary of the cases dealt with during 1941 is given below.

	Stam- mer	Dyslalia	Cleft Palate	Dysph- onia	TOTAL
Discharged—Speech satisfactory	3	10	1	-	14
Much improved, further improve- ment unlikely Left school improved I.S.Q. Not suitable Did not attend	2	1 - 2 2	<u>2</u> <u>-</u> -		6 2 1 5 2
	9	15	3	3	30
Still attending—Improving I.S.Q. Under supervision	15 2 7	10 -9	3 3		28 2 19
	24	19	6		49

Part of the cost of treatment provided at these various Clinics is recovered from the parents in accordance with the family circumstances. During the year ended 31st December, 1941, parents paid £223/6/0.

The question of special provision for the specially defective child is dealt with under the headings dealing with exceptional children.

DENTAL INSPECTION AND TREATMENT.

I am indebted to Mr. V. Higham, Senior Dental Surgeon, for the following notes on the work of the School Dental Department.

- "Attendances for dental treatment during 1941 have been adversely influenced by two factors: the Diphtheria Immunisation campaign and the increased employment of parents in war industries.
- "Many parents seem to consider that during the periods of inoculation against diphtheria, the child is unfit for dental treatment. Though there is no foundation for such a belief, they refuse to sign the consent forms and prefer to postpone treatment until a later date.
- "The majority of parents naturally like to accompany their children when they come for treatment, and when a general anaesthetic is administered their attendance (or that of an adult over 21 years of age) is compulsory. Owing to so many adults being engaged on war work, parents find it awkward, nowadays, to arrange for this, and consequently unless the child actually suffers from toothache, there is a tendency to undue postponement of treatment.
- "During the year 16,882 elementary school children were inspected and 9,424 (55.7%) were referred for treatment. 4,827 (51%) received treatment during the year, and of these 4,141 completed their treatment. Orthodontic appliances were supplied in two cases.
- "Treatment was resumed at the Open Air School. At the first inspection 104 children were examined and 39 were found to require treatment. All were treated. At the second inspection 100 children were examined and 37 were found with defective teeth. All these also were treated.
- "Cowley Schools were examined twice during the year. 237 secondary school children were treated and 190 completed treatment. One regulation appliance was supplied."

FOLLOWING-UP AND WORK OF SCHOOL NURSES.

The following figures show the work carried out by the School Nurses during the year. The verminous survey entailed a great deal of extra work and resulted in a high figure for cleanliness examinations.

- 1. Number of visits to schools for general supervisory purposes and for medical and verminous inspections 4,469
- Number of examinations of children for cleanliness 54,170
- 3. Number of visits paid to the homes of children in following up defects, investigating cases of infectious disease, investigating cases referred by the School Attendance Department, etc. 6,169

In addition to the work of the nurses referred to above, special nurses are employed, at the School Clinic and District Clinics, who are wholly engaged treating or assisting in the treatment of various defects.

INFECTIOUS DISEASE.

The number of cases of the principal infectious diseases occurring amongst school children is shown in the following table, which also gives the corresponding figures since 1937.

0			~	0 0				
				1937	1938	1939	1940	1941

Scarlet Fever	• • •	• • •	• • •	488	396	639	123	103
Diphtheria	• • •	• • •	• • •	325	311	324	176	143
Measles	• • •	• • •	• • •	529	808	125	1460	216
German Meas	les	•••	• • •	13	26	122	834	12
Whooping Cor	ugh	• • •	•••	357	188	141	163	313
Chicken Pox	•••	• • •	• • •	501	246	320	103	310
Mumps	•••	•••	• • •	99	377	17	11	792

The position regarding the incidence of infectious disease amongst school children was eminently satisfactory. The incidence of Scarlet Fever and Diphtheria was the lowest for many years and in the minor epidemic diseases only Mumps showed a marked increase.

A small explosive outbreak of Scarlet Fever occurred in the infant department of one of the schools during the year. Immediate investigation revealed the presence of a carrier, in one of the classes, whose throat swabs were positive to haemolytic streptococci. The case history proved that this child was a "missed" case of the disease. Exclusion of the carrier and daily examination and observation of all contact children controlled the outbreak in a space of four weeks, during which 14 cases in all occurred.

During the year intensive propaganda devoted to Diphtheria immunisation was carried out in the schools and approximately 6,000 children were immunised at sessions held in the schools themselves. The work of teachers and heads of schools was an invaluable help in this campaign. Until the minimum number for safetythree-quarters of our school population—is rendered immune, however, there is still much work to be done in this sphere.

During the year the percentage attendance fell below 60% in three departments, owing to epidemic sickness. This occurred in January, and February, when attendances were affected for a period of five weeks due to measles and chicken pox.

TUBERCULOSIS.

At the end of 1941 there were in St. Helens 105 children of school age suffering from tuberculosis in the following forms:—

Pulmonary	• • • • •	••••	•••••	16
Non-pulmona	ıry			
Bones and	joints	*****		17
Peripheral	glands	*****	*****	52
Abdominal	•••••	*****	*****	18
Skin and o	others		*****	2
				40=
				105

Most of these cases were quiescent and only 16 non-pulmonary cases (i.e. 15.2%) and 2 pulmonary cases (1.9%) were found to require active treatment.

Out-patient treatment for children suffering from tuberculous disease of bones or joints is provided at the Council's Orthopaedic Clinic, where 15 children made 59 attendances to see the Orthopaedic Surgeon, and 88 attendances for supervision and treatment by the Orthopaedic Nurse. The latter also paid 237 supervisory. home visits during the year. In addition, 17 children suffering from lupus or tuberculous adenitis made 213 attendances at the Tuberculosis Dispensary for X-ray therapy. Two children with lupus of the face attended the Belmont Road Hospital, Liverpool, by arrangement with the Liverpool Public Health Department, for intensive ultra violet light treatment.

During 1941, 10 children spent an aggregate of 1,995 days in Eccleston Hall Sanatorium. These children received tuition at the special school attached to the Sanatorium, the average daily attendance being 8 and the average number of days each child attended 126. In addition, 4 children spent an aggregate of 1,309 days in the Leasowe Open Air Hospital for Children.

EXCEPTIONAL CHILDREN.

Crippled Children.

At the end of 1941 there were in St. Helens 27 children of school age in whom the crippling was sufficiently severe to interfere with a normal mode of life.

The following Table shows the number of severely crippled children in St. Helens at the end of each year since 1937 and the causes of the crippling.

	1937	1938	1939	1940	1941
Tuberculosis Infantile Paralysis Other forms of Paralysis Congenital Deformities Rickets Arthritis Miscellaneous	7 17 11 4 2 2 5	11 15 10 11 2 —	3 17 6 8 2 -	4 13 6 7 2 —	5 8 6 4 2 -
	48	54	42	36	27

Of the 27 children known at the end of 1941, 18 were attending Public Elementary Schools, 1 was at a Special School, 5 were in Institutions and 3 were at no school or institution.

There are, however, many other children with lesser degrees of crippling, so that excluding tuberculous cases which are dealt with under Tuberculosis, the number on the register of the Orthopaedic Clinic was much higher, there being 462 cases suffering from the following defects on that register during the year:

Infantile paralysis	44
Other forms of paralysis	
Congenital deformities	35
Rickets	
Traumatism	12
Acquired foot deformities	126
Postural defects	
	25
Arthritis	1
Miscellaneous	16
	462

The treatment provided for crippled children involved 686 attendances for consultation or treatment by the Orthopaedic Surgeon, 4,776 attendances for intermediate treatment by the nurse and 131 home visits by the nurse for purposes of supervision. In addition, 13 cases received surgical or other hospital treatment for an aggregate of 813 days.

In addition to the crippled children there are in St. Helens 13 children with heart disease of such severity that they are physically crippled. 3 of these attend public elementary schools, 1 is at a secondary school and 1 is at the Hamblett Open Air School. Of the remainder 4 are at certified special schools and 4 are at no school.

Delicate Children.

The Hamblett Open Air School was re-opened with its full complement of 120 children on the 1st April, 1941. The School had been closed since the outbreak of the war but, as noted in the School Medical Report for 1940, its treatment facilities were sorely missed. Amongst those admitted on the re-opening were 89 of those children in attendance when the school closed in 1939. During the year 36 children were discharged. The condition of the children discharged was as follows:—

Considered to be fit to return to Elementary	
Schools	19
Left to take up employment	5
Discharged at parents' request (condition	
unimproved)	2
Discharged as unsuitable for further attendance	1
Discharged as unsatisfactory	5
Discharged (refusal of treatment)	2
Discharged to a convalescent home	1
Left district	1

The percentage attendance at the School during the year was 86.9%.

The average gain in weight is given in the table below:—

			7-9 yrs.	10-12 yrs.	13 yrs.
Girls	•••••	•••••	2.99 ozs.	3.01 ozs.	3.7 ozs.
Boys			3.21 ozs.	2.93 ozs.	3.1 ozs.

Blind, Deaf and Epileptic Children.

The total number of these children is given in Table III. During the year 2 epileptic children were sent to a special residential school, and the Local Authority is at present maintaining 2 epileptic, 6 blind, and 8 deaf and dumb children in special schools.

Mentally Defective Children.

There are at present 22 feeble-minded but educable children of school age in St. Helens, but only 10 of these are at special schools. Of the remainder, 7 attend ordinary classes in the public elementary schools and 5 are at no school or institution.

During the year 3 ineducable mentally defective boys, and 2 imbeciles (1 boy and 1 girl) were notified to the Local Control Authority.

Unfortunately during the year St. Helens lost the benefit of the arrangements in existence, with the Liverpool and District Child Guidance Council and Clinic, for dealing with the "difficult" child, as that Clinic had to suspend its activities. That there is urgent need for dealing with these children is undoubted, and I would suggest that St. Helens should consider as a matter of urgency the possibility of combining with a neighbouring authority for the establishment of a Child Guidance Clinic.

After Care and Vocational Training.

During 1941, 1 deaf boy returned home on completing his education in a special school. He is now under the supervision of the St. Helens Deaf and Dumb Society. One deaf girl is undergoing vocational training in dressmaking at the Liverpool School for the Deaf, and a blind youth is undergoing vocational training in basketry at the St. Helens Workshops for the Blind.

NURSERY CLASSES.

By the end of 1941, five of the Nursery Classes which existed pre-war in the 21 infants' departments of the elementary schools of the town were re-opened. As more shelter provision became available, however, admission to infants' departments of all elementary schools was open to children of 4 years and upwards during the year. The demand for the facilities provided by the Nursery Class is bound to become more urgent because of the increased employment of mothers in industry. It must be remarked, however, that the substitute facilities, from the point of view of medical inspection and supervision, offered in the Toddlers' Clinics, have not been adequately utilised by mothers during the past two years.

PROVISION OF MEALS.

During the year there was a general increase in the work done under the Local Authority's scheme for the provision of meals and milk. The total number of meals served was 440,152, of which 327,139 were provided free. The total number of individual children receiving meals was 2,017, which was an increase of 744 on the figure for 1940.

In February, 1941, a revision of the Authority's financial scale for milk and meals was carried out. The revised scale was more lenient than the former one, and by its application more children became eligible, than formerly, for the issue of free milk or meals.

The total number of individual children receiving fresh bottled milk was 12,375, and of this number 2,183 were provided free.

STATISTICAL TABLES.

FOR THE YEAR 1941

ELEMENTARY SCHOOLS—Tables I to VII.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in t	he pre	scribe	d Grou	ps:			
Entrants	*****	*****	*****	*****	*****	*****	2535
Second Age Grou	р	*****	*****	4****	*****	*****	1652
Third Age Group	*****	*****	******	010100	*****	******	1671
Number of other Routine I	nsnect	ions					
(Children under 5 year			n en tr a	nts)	*****	*****	16
Total							5074
1 ofal	*****	******	#7doo#	*******	0000 tq	*****	20/4
В07	THER	INSP	ECTI	ONS.			
Number of Special Inspect	ions		*****	*****	*****	*****	5500
Number of Re-Inspections	*****	10000	•••••	*****	*****		9780
· ·							15000
Total	*****		*** ***	*****	*****	*****	15280

TABLE II.

Classification of the Nutrition of Children inspected during the year in the Routine Age Groups.

Routine Age Groups.									
A C	Number of Children	A (excellent)		B (Normal)		C (Slightly Sub-Normal)		D (Bad)	
Age-Groups	inspected	No.	%	No.	%	No.	%	No.	0//0
1940 Entrants (!939-1940) Second Age Group Third Age Group Other Routine Inspections	1687 1683 1635	234 181 123 7	13.87 10.76 7.52 5.98	1290 1324 1400	76.47 78.67 85.63 87.18	154 166 108	9.13 9.86 6.61 6.84	9 12 4	0.53 0.71 0.24
TOTAL	5122	545	10.64	4116	80.36	436	8.51	25	0.49
1941 Entrants Second Age Group Third Age Group Other Routine Inspections	1/7:	106 87 156	4.18 5.27 9.33	2306 1406 1432	90.97 85.11 85.70 81.25	121 152 82 3	4.77 9.20 4.91 18.75	2 7 1	0.08 0.42 0.62
TOTAL	5874	349	5.94	5157	87.79	358	6.10	10	0.17

TABLE III.

Return of all Exceptional Children in the Area on the 31st December, 1941.

BLIND CHILDREN.

(Children who are so blind that they can only be appropriately taught in a school for blind children)

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
6			1	7

PARTIALLY SIGHTED CHILDREN.

(Children who, though they cannot read ordinary school books or cannot read them (even with suitable glasses) without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially blind).

At Certified Schools for the Blind	At Certified Schools for the Partially Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
		5		1	6

DEAF CHILDREN.

(Children who are too deaf to be taught in a class of hearing children in an elementary school, and are so deaf that they can only be appropriately taught in a school for the deaf).

At Certified Schools for the Deaf	Schools Elementary		At no School or Institution	Total
8	2	_		10

PARTIALLY DEAF CHILDREN.

(Children who can be appropriately taught in a school for the partially deaf).

At Certified Schools for the Deaf	At Certified Schools for the partially deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
		1			1

MENTALLY DEFECTIVE CHILDREN.

(Children (excluding children notified to the Local Authority under the Mental Deficiency Act) who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children).

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
10	. 7		5	22

EPILEPTIC CHILDREN.

(Children suffering from Severe Epilepsy, who, not being idiots or imbeciles are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	2	_	1	5

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

(Children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere).

I.—Children Suffering from Pulmonary Tuberculosis.

(including pleura and intra-thoracic glands)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
_	-	1	_	1

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
3	2	*4	1	10

^{*} At Eccleston Hall Sanatorium School.

B.—DELICATE CHILDREN.

(Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total	
120	100	2	_	222	

C.—CRIPPLED CHILDREN.

(Children (other than those diagnosed as tuberculous and in need of treatment for that disease) suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	18	5	3	27

D.—CHILDREN WITH HEART DISEASE.

(Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School).

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
4	3	1	4	12

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

(Children suffering from any combination of the following types of defect:—Blindness (not Partial Blindness), Deafness (not Partial Deafness), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in Section C. of this Table), Heart Disease).

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
Blind and Deaf Blind, Crippled	1		—	_	1
and Feeble-minded	_	_	_	3	3
Feeble-minded and Epilepsy Feeble-minded	1	1	~-	9	3
and Crippled Blind and	1	_	—	—	1
Epilepsy	—	—	—	. 1	1
T.B. and Heart					
Total	3	1		5	9

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1941.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI).

Group 1.—Without Antiferts (excluding Of	icicalimicss,	ior wineir	SCC TABIC	V 1/.
			Defects treatenent, during th	
DISEASE OR DEFECT	Number of Defects referred for Treatment	Under the Authority's Scheme	Otherwise	Total
SKIN—Ringworm, Scalp— (i) X-Ray Treatment (ii) Others	2 4 471 1184 288 289 225	2 4 456 1170 283 257 204		2 4 471 1184 287 285 222
(e.g., minor injuries, bruises, sores, chilblains, etc.)	766	762	4	766
Total	3229	3138	83	3221

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1).

		No. C	F DEFECTS	DEALT WIT	ГН.		
DEFECT OR DISEASE	Number of Defects referred for Treatment	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise	Total		
Errors of Refraction (including Squint)	549	452	52	3	507		
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	_	_	_	_			
Total	549	452	52	3	507		
Total number of children for whom spectacles were prescribed— (a) Under the Authority's Scheme							

Total number	of children for whom spectacles we	re pre	scribed-	_				
	Under the Authority's Scheme				•••	•••	•••	385
(b)	Otherwise	•••	•••	•••	• • •	•••	•••	28
Total number	of children who obtained or receive	ed spe	ectacles					
	Under the Authority's Scheme				•••	•••		385
(b)	Otherwise	•••		• • •	• • •			24

Group III.—Treatment of Defects of Nose and Throat.

		Number of Defects.												
		Received Operative Treatment.												
Referred for treatment	4	Autho			By Private Practitioner or Hospital apart from the Authority's Scheme		Total				Received other forms of treat- ment.	Total number treated		
	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
598	_	8	245	35	17		7		17	8	252	35	147	459

(i) Tonsils only.(ii) Adenoids only.

(iii) Tonsils and adenoids.(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

	Number of children treated.									
Under th	ne Authority's	Scheme								
Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Total number treated				
16	3	441	_	_	10	457				

TABLE V. Dental Inspection and Treatment.

(1) Number of Children who were :— (a) Inspected by the Dentist: Aged: Aged: (3-6) 4-736 5-2017 6-1717 7-1797	(2) Half-days devoted to :— Inspection 168 \ Treatment 1127 \} Total 1295 (3) Attendances made by children for treatment 8419
Routine Age S—1753 9—1730 10—1817 Total 16739 11—1660 12—1714 13—1506 14— 255 15— 27 16— 4	(4) Fillings:— Permanent teeth 3204 Temporary teeth 9 Total 3213 (5) Extractions:— Permanent teeth 2441 Temporary teeth 8664 Total 11105 (6) Administrations of general
Specials 143	anaesthetics for extractions 1875 (7) Other Operations:— Permanent teeth 333 \ Temporary teeth 3 \int Total 336

Note:—In addition to the above inspections, 8036 children were re-inspected during the year.

TABLE VI.
Uncleanliness and Verminous Conditions.

	Officieatimiess and Verminous Conditions.	
(i.)	Average number of visits per school made during the year by the School Nurses	56
(ii.)	Total number of examinations of children in the Schools by School Nurses	53383
(iii.)	Number of individual children found unclean	2482
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	
(v.)	Number of cases in which legal proceedings were taken: (a) Under the Education Act, 1921 (b) Under School Attendance Byelaws	

TABLE VII. Summary of Treatment of Defects.

	NU	JMBER OF D	DEFECTS			
DISEASE OR DEFECT		Treated				
DISEASE ON DEFECT	Referred for Treatment Education Authority's Scheme Otherwise Total Scheme 3229 3138 83 322 549 452 55 50 598 397 62 459 598 4760 240 4940 M.O. 276 127 50 17					
Visual Defects	549 598 9424 276	452 397 4760 127	55 62 240 50	3221 507 459 4940 177 952		
Total	15154	9722	534	10256		

SECONDARY SCHOOLS—Tables VIII to XIV.

TABLE VIII.

RETURN OF MEDICAL INSPECTIONS.

A-ROUTINE MEDICAL INSPECTIONS.

Number of	Insp	ection	15										
Age	4	_	4						A	\ge	12	_	137
	5	_	22								13	_	92
	6	_	34								14	_	127
	7		18								15	_	109
	8		29								16	_	25
	9	_	42		V						17	_	
	10		35								18		1
	- 11		71								19		
									Total	•••			746
				В.—	-OTH	ER IN	ISPEC'	TIONS	5.				
Nun	nber o	of Spe	cial Ins	spection	ons	•••	•••	• • •	• • •	•••			184
Nun	nber o	of Re-	inspect	ions	•••	•••	•••	•••	•••	•••		•••	256
									T	otal			440

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table IX A.	Total.		
(1)	(2)	(3)	(4)		
All Ages	33	17	47		

TABLE IX.

Classification of the Nutrition of Children inspected during the year.

Number of Children Inspected	A. (Excellent)		B. (Normal)		(Slig Sub-no	htly ormal)	D. (Bad)	
-	No.	%	No.	%	No.	%	No.	%
746	211	28.28	530	71.05	5	0.67	_	

TABLE X.

Return of all Exceptional Children in the area on the 31st December, 1941.

(NOTE:—The definitions for the purposes of this Table are the same as those shown in Table III of the statistics for Elementary Schools).

BLIND CHILDREN.

Nil.

PARTIALLY SIGHTED CHILDREN.

Nil.

DEAF CHILDREN.

Nil.

PARTIALLY DEAF CHILDREN.

Nil.

MENTALLY DEFECTIVE CHILDREN.

Nil.

EPILEPTIC CHILDREN.

Nil.

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

I.—Children Suffering from Pulmonary Tuberculosis.

Nil.

II.—Children Suffering from Non-Pulmonary Tuberculosis.

Nil.

B. DELICATE CHILDREN.

At Certified	At Secondary	At other	At no School	Total
Special Schools	Schools	Institutions	or Institution	
	3			3

C. CRIPPLED CHILDREN.

Nil.

D. CHILDREN WITH HEART DISEASE.

1

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

TABLE XI.

Return of Defects Treated during the Year ended 31st December, 1941.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table XIII).

			Defects treate ent, during the	
DISEASE OR DEFECT (1)	Number of Defects referred for Treatment (2)	Under the Authority's Scheme (3)	Otherwise (4)	Total
SKIN—Ringworm, Scalp— (i) X-Ray Treatment (ii) Others Ringworm, Body Scabies Impetigo Other Skin Disease			- - - - 1	- - - 6 -
Minor Eye Defects— (External and other, but excluding cases falling in Group II) Minor Ear Defects Miscellaneous— (e.g., minor injuries, bruises, sores, chilblains, etc.)	3	2	1 -	1 2
Total	10	7	2	9

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

		No.	OF DEFECTS	DEALT W	ІТН.
DEFECT OR DISEASE	Number of Defects referred for Treatment	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital apart from the Authority's	Otherwise	Total
(1)	(2)	(3)	Scheme. (4)	(5)	(6)
Errors of Refraction (including Squint)	67	37	5	17	59
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	_	_	_	_	_
Total	67	37	5	17	59

Total number of children for whom spectacles were prescribed:											
(a) U	nder the Autho	ority's Sc	heme	• • •	•••	•••	• • •	•••	• • •		32
(b) O	therwise				•••	•••	•••	•••	• • •		20
Total number	of children wh	o obtaine	ed or re			cles:					
	nder the Author			•••	-	•••	•••		•••		32
	therwise	~	•••		•••			•••		•••	20
(0)		•••	•••	•••	•••	• • •	•••	•••	•••	•••	O

Group III.-Treatment of Defects of Nose and Throat.

		Number of Defects.													
	Received Operative Treatment														
Referred for treatment	Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme			Total				Received other forms of treatment		Total number treated	
	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)			
10		_	3	_	2	_	_		2	_	3	-		1	6

- (i) Tonsils only.
 (ii) Adenoids only.
 (iii) Tonsils and adenoids.
 (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of Children Treated.											
Under the Authority's Scheme Otherwise											
Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Total					
	_	15	_	_	3	18					

TABLE XII. Dental Inspection and Treatment.

(1) Number of children who were:—(a) Inspected by the Dentist:Aged:	(2) Half-days devoted to :— Treatment66 Inspection 14 Total 80
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	(3) Attendances made by Children for treatment 533
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	(4) Fillings :— Permanent Teeth 283 \ Temporary Teeth 2∫ Total 285
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	(5) Extractions :— Permanent Teeth209 \ Temporary Teeth 52 \int Total 261
Specials 37 Grand Total 1276	(6) Administrations of general anæsthetics for extractions 38
(b) Found to require treatment 624 (c) Actually treated 237	(7) Other Operations :— Permanent Teeth68 Temporary teeth— Total 68

TABLE XIII. Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	18
(ii.) Total number of examinations of children in the Schools by School Nurses	787
(iii.) Number of individual children found unclean	12
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	
(v.) Number of cases in which legal proceedings were taken: (a) Under the Education Act, 1921	
(b) Under School Attendance Byelaws	_

TABLE XIV. Summary of Treatment of Defects.

·	NUMBER OF DEFECTS							
DICEACE OF DEFECT		Treated						
DISEASE OR DEFECT	Referred for Treatment	Under local Education Authority's Scheme	Otherwise	Total				
Minor Ailments Visual Defects Defects of Throat and Nose Dental Referred by Dentist Defects Referred by School M.O Other Defects	10 67 10 624 11 9	7 37 3 234 3 2	2 22 3 252 6 6	9 59 6 486 9 8				
Total	731	286	291	577				

APPENDIX I.

Ministry of Health Circular No. 2306. Board of Education Circular No. 1544.

INFESTATION BY LICE.

Report by the Medical Officer of Health on the present incidence in St. Helens, with suggestions for dealing with the problem.

(Submitted to the Central Children's Care Committee on the 15th July, 1941, and to the Health Committee on the 22nd July, 1941).

The above joint Circular of the Ministry of Health and Board of Education draws attention to the still existing extensive prevalence of verminous conditions, especially in industrial areas, and urges on all Local Authorities the need, in the interests of public health, of reviewing the local incidence of infestation and of considering what further steps, if any, are necessary for prevention and cure.

In accordance with recommendations expressed in the Circular, consideration of the problem was undertaken jointly by the Health and School Medical Services. It was felt that any adequate necessary action could only be based on definite and recent information relating to existing conditions in the Borough. Accordingly, the first step was to organise and carry out a lousiness inspection through the medium of the Maternity and Child Welfare and School Medical departments, in order to survey all children up to 14 years of age. The result of this survey is shown below.

Lousiness Survey of Children under 5 years.

Owing to difficulties of aggregating children of this age group for the purposes of examination, a representative survey of children of these ages was carried out in their homes. As the Borough is divided into 8 districts for health visiting purposes, it was arranged that in 3 districts Health Visitors visited and examined as many as possible of the children born in 1937, in other 3 districts the Health Visitors examined those born in 1938 and in the remaining 2 districts those born in 1939. It is considered that the children examined represent a fair selection of the child population of the town. It will be noted that only children aged 2 to 5 years were included in this survey. The result of the survey was as follows:—

Number of children	N	Total		
examined	Nits	Lice	Nits and Lice	infested
1483	85	3	3	91

The percentage of infested children aged 2 to 5 years was thus 6.1, but the percentage of children on whom living lice were found was only 0.4.

Lousiness Survey of Children in Schools.

This survey covered all the Elementary schools in the Borough and included all age groups from 5—14 years.

Number of children	Number	Number fou	Total		
on School Register	Examined	Nits Lice			
16,517	16,517 14,521		147	2290	

The percentage of infested school children was thus found to be 15.8, but the percentage of school children on whom living lice were found was only 1.2.

Prevention and Cure.

Broadly summarised it is apparent, therefore, that the particular need for active measures lies in the large class of school children suffering from nit infestation, and that, while actual lice infestation exists, it is less than might be expected when the total infestation is considered.

It must be obvious that the work of carrying out this survey entailed a considerable effort on the part of the medical and nursing staff of the Health and School Medical departments. Thus while concomitant work, directed towards the eradication of infested conditions, both in individual families and amongst associations of children (e.g. schools) was carried out by the staffs in conjunction with the survey, it has not yet been possible to undertake complete action with regard to all the findings. The report must therefore present two aspects:—

(1) Action which has been or is now being taken.

- (a) In the case of infested children under 5 years of age, follow-up visits to the homes were paid by the Health Visitors to ensure that the work of cleansing was carried out. In the case of school children, immediate verminous notices were served on the parent concerned, and the child "carded" and indexed for follow-up inspection. There is now an individual existing record of every infested child found in the survey.
- (b) Clinics and schools have been the medium through which efforts have been directed by the medical and nursing staffs in order to stimulate public awareness in the problem. Poster displays, leaflet distribution, and talks have been freely used in demonstrating appropriate measures for cleansing.
- (c) In the spring of 1941, extended provision for the treatment of scabies was made in the Borough by the establishment of a cleansing station at the local Isolation Hospital. This scheme also comprised provision for the cleansing of verminous cases. The services of a whole time trained nurse are available daily for this purpose, together with adequate disinfestation facilities for clothing, etc. Further expansion of this scheme will be considered in the light of events.
- (d) Publicity by poster campaign has been carried out. All public air raid shelters in the borough have been placarded with the "verminous" poster issued by the Health and Cleanliness Council.

(2) General lines of future action.

- (a) Further analysis of the results of the survey remains to be made. The findings will be classified according to schools and further into districts. Intensive follow-up work by means of repeated "concentration" inspections will be carried out in schools and districts showing a relatively high incidence of infestation. The help of members of the school teaching staffs will be asked for in carrying this out.
- (b) A progressive mechanism is visualised for the follow-up of all cases. This will commence with the posting of a propaganda leaflet to all parents of infested children, giving simple instructions for cleansing. The children will then be re-examined and if necessary personal visits by Health Visitors to the homes will be made. In suitable and necessary cases the facilities of the cleansing station at the Isolation Hospital will be offered. Persistent and serious cases

among school children will be dealt with under the compulsory cleansing powers of the Education Act, 1921.

(c) Where necessary the sanitary background will be dealt with as required.

Conclusion.

For the purpose of carrying out the intensive work indicated above it may be necessary, temporarily at least, to augment the staff. Until the full analysis of the survey is completed, however, it is impossible to advise as to the extent to which that may be necessary. The joint Circular suggests that where such increase is necessary less highly trained personnel than Health Visitors might be suitable for the purpose.

APPENDIX 2.

Report on a Nutritional Survey of school children conducted during 1941.

(Submitted to the Central Children's Care Committee on 14-7-42).

Previous to 1941 the assessment of the nutritional standard of school children in St. Helens was limited, by reason of available staff, to a survey of the routine age groups examined during each year. Early in 1941, however, the appointment of an additional Medical Officer was suggested by the Board of Education in order that, amongst other work, nutritional inspection might be expanded to include all school children in the Borough. This appointment was made by the Local Authority in April, 1941, and with this consequent staff reinforcement, it was possible from the month of May onwards until the end of the year to review the nutritional standard of all children in elementary schools in the Town.

The nutritional surveys were conducted in the schools as an integral part of the medical inspections by the visiting medical officers. Every child present in the school was examined and its nutritional condition classified according to the grades recommended by the Board of Education, i.e., A—Excellent; B—Normal; C—Slightly Sub-normal; D—Bad. Immediately following the inspection, a complete list of all children classified as C or D was forwarded to the Head Teacher of the School concerned so as to ensure that the benefits of the Schools Milk and Meals Scheme would be available to them, either on a free basis or on a payment according to income scale. This income scale was revised in February, 1941, in order to modify its more stringent operations.

In the survey the Nutritional standard of 15,462 children was assessed. Out of this number 721 children were placed in category C, and 8 children in category D, a total of 729 children whose nutritional standard was considered below normal. This gave a percentage figure of 4.7% of malnutrition amongst St. Helens school children. The last comparable figure available on a national basis was the figure of 10.8% of subnormal nutrition returned in 1938 for the routine age groups of children examined in England and Wales. The figure of 4.7% for all school children in St. Helens, therefore, can be taken as comparatively satisfactory and denotes no tendency towards a lowering of the nutritional standard due to war conditions.

The attached schedule gives the detailed figures for Malnutrition in each school and further gives the incidence in age groups. (For the purposes of tabulation, since the numbers in category D were so small, groups C and D are combined under the general total "Malnourished.")

It will be noted that an analysis into age groups reveals that the greatest incidence of subnormal nutrition occurred in the 7, 8, 9, 11 and 10 year old classes in that order of greater to lesser incidence. This was not entirely unexpected as a tendency towards a higher incidence of malnutrition in the middle age group (i.e. 8 year olds) had been noted in previous years.

It may also be noted that in most instances where a school feeding centre was in operation on the school premises, these schools returned low figures for subnormal nutrition in comparison with the other schools of the town. In only two schools of this type were the figures above the average for the town to a slight degree, and both these schools cater for districts which were recognised to be the hardest hit from an economic standard in pre-war days.

It would be impossible to deduce any very definite conclusions from the above findings. It is not claimed that the survey itself was founded on any basis of strict scientific accuracy and it would be unwise to dogmatise about figures which rest as they do on empirical assessments by individual medical officers. Yet two broad indications seem to emerge:—

- (1) The problem of malnutrition in the Borough amongst school children should not be approached entirely from the view point of individual schools or districts of the town, but should also be considered in its relation to the age classes of children most involved. The middle age group, i.e. 7—11 years, would seem to offer the greatest field for careful supervision.
- (2) It would seem that feeding on individual school premises in an expanded scheme of the future might bring more general benefit to the children.

DETAILED STATISTICS OF NUTRITIONAL SURVEY, 1941.

	No. on	No.	Total Mal-	Per-		Carrie RESTRICTOR METAPOLIS	Ma	alnou	rished	l Cas	es— \	ear c	f Bir	th	
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^{*} Schools with feeding centres on the premises.